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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155636 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 07/18/2012 | |
| NAME OF PROVIDER OR SUPPLIER HARRISON TERRACE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1924 WELLESLEY BLVD INDIANAPOLIS, IN 46219 | | | |
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| F0000 | <p>This visit was for the Investigation of Complaint IN00111520.</p> <p>Complaint IN00111520 - Substantiated. Federal/State deficiencies related to the allegations are cited at F323 and F469.</p> <p>Survey dates: July 17 & 18, 2012</p> <p>Facility number: 000241 Provider number: 155636 AIM number: 100291310</p> <p>Survey Team: Rita Mullen, RN TC Michelle Carter, RN</p> <p>Census bed type: SNF/NF: 109 Total: 109</p> <p>Census payor type: Medicare: 8 Medicaid: 93 Other: 8 Total: 109</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> | | | F0000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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| | Quality review 7/20/12 by Suzanne Williams, RN | | | | | | |

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| F0323 SS=D | <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review and interview, the facility failed to monitor and supervise a resident with dementia, who was given a bag of dry dog food for her stuffed toy dogs, resulting in a possible consumption of the dog food by the resident. This impacted 1 of 3 residents reviewed for supervision in the sample of 3. (Resident B)</p> <p>Findings include:</p> <p>The clinical record of Resident B was reviewed on 7/17/12 at 2:00 P.M. Diagnoses included, but were not limited to, schizophrenia, obsessive-compulsive disorders and dementia.</p> <p>A quarterly Minimum Data Set assessment, dated 5/24/12, indicated Resident B had a Brief Interview for Mental Status score of 10 (moderately impaired).</p> <p>A Care Plan, dated 8/28/11, indicated Resident B had cognitive deficits related to dementia, memory impairments,</p> | | F0323 | <p>The creation and submission of this Plan of Correction does not constitute an admission by Harrison Terrace of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. Harrison Terrace respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance. Harrison Terrace also respectfully requests consideration for paper compliance for these F tags. F323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 1. What corrective action(s) will be accomplished for those residents found to be affected by the deficient practice? The bag of dry dog food was removed from the resident's room on 5/24/2012 at 0600 by the nursing staff. The resident's care plan was changed to include offering the resident snack foods like cereal or snack crackers to feed her dogs. 2. How will you identify other residents having the potential to be affected by these same deficient practice and what</p> | | 08/04/2012 | |

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| | <p>impaired decision making and poor safety awareness. Approaches included, but were not limited to, intervene if resident demonstrates unsafe decision making.</p> <p>A Care Plan, dated 3/20/12, indicated a behavior of: Resident will experience visual and auditory hallucinations. Resident believes her stuffed animals are real, she is married to superman, has children by him and that others on the unit are her relatives.</p> <p>A Quarterly Activity Assessment, dated 5/23/12, indicated "Resident stated she would like some 'food for her dogs.'"</p> <p>During an interview with the Administrator, on 7/17/12 at 4:30 P.M., he indicated Resident B was given a small ziploc bag of dog food, by the Memory Care Facilitator, for her stuffed toy dogs and that she had possibility eaten some.</p> <p>During an interview with the Memory Care Facilitator, on 7/18/12 at 11:30 A.M., she indicated that during the quarterly assessment, Resident B had stated she wanted real dog food for her dogs so she could feed them. She (the resident) felt bad for her dogs. The dog food was placed in a small ziploc bag and given to Resident B. This was between 1:00 P.M. and 3:00 P.M. on 5/23/12.</p> | | | | <p>corrective action will be taken? An audit was completed on 7/27/2012 of all residents. This audit was designed to identify any resident with toy pets and each resident identified had a care plan written to include offering cereal or snack crackers to feed the toy pet. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? All current facility staff will be offered education about appropriate items that can be given to residents, specifically foods designed for human consumption. This education will be added to new employee orientation required for all new employees. This education will be taught by the Staff Development Coordinator and completed by 8/4/2012. 4. How will the corrective action(s) be monitored to ensure the deficient practice does not recur, i.e. what quality assurance program will be put into place? A CQI Audit Tool, Residents with Toy Pets, will be used to monitor compliance with the Care Plan process and the education/orientation process. This tool will be utilized by the Executive Director/designee to ensure the facility remains in compliance with this standard. Audits will be done weekly for four weeks, bi-weekly for two months,</p> | | |

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| | <p>During an interview with CNA #5, at 11:55 A.M., she indicated the Ziploc bag of dog food was found on the bed, next to the Resident, on 5/24/12 at 6:00 A.M. The bag of dog food was removed from the room and given to Unit Manager #2.</p> <p>During an interview with Unit Manager #2, on 7/18/12 at 12:10 P.M., she indicated on the morning of 5/24/12 at 6:00 A.M., CNA #5 brought her a bag of dog food stating a concern that Resident B may have eaten some dog food. Nursing staff were unaware the Memory Care Facilitator had given Resident B a bag of dog food. The physician was notified. Resident B was not monitored by nursing staff regarding the possible consumption of dog food while the bag of dog food was in the resident's possession for 15 hours.</p> <p>This federal tag relates to Complaint IN00111520.</p> <p>3.1-45(a)(1) 3.1-45(a)(2)</p> | | | <p>monthly for two months, then quarterly for three quarters. Results of these audits will be presented to the CQI Committee each month that audits are completed to review for compliance and follow-up. The compliance threshold for these audits will be 95%. Any threshold less than 95% will require that an action plan be completed and implemented. 5. Date of compliance: August 4, 2012 F469 483.70(H)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM 1. What corrective action(s) will be accomplished for those residents found to be affected by the deficient practice? Steritech treated the entire affected areas on 7/18/2012 for "small flies". Areas treated included all nursing stations, pantries, and kitchenettes. In conjunction with the treatment by Steritech, all areas were deep cleaned. 2. How will you identify other residents having the potential to be affected by these same deficient practice and what corrective action will be taken? Steritech treated the entire affected areas on 7/18/2012 for "small flies". Areas treated included all nursing stations, pantries, and kitchenettes. In conjunction with the treatment by Steritech, all areas were deep cleaned. Daily room rounds conducted Monday through Friday by the management team</p> | | | |

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| | | | | | <p>include inspection of the nurses' stations, pantries, and kitchenettes. Each member of the management team will report the presents or absence of "small flies" during the 3 o'clock meeting. If "small flies" are noted in these areas, Steritech will be notified to retreat the affected area(s). 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Daily room rounds conducted Monday through Friday by the management team and on the weekends by the Weekend Manager include inspection of the nurses' stations, pantries, and kitchenettes. Each member of the management team will report the presents or absence of "small flies" during the 3 o'clock meeting. The weekend Manager will report to the Management Team on Monday morning. If "small flies" are noted in these areas, Steritech will be notified to retreat the affected area(s). 4. How will the corrective action(s) be monitored to ensure the deficient practice does not recur, i.e. what quality assurance program will be put into place? A CQI Audit Tool will be used to monitor compliance with the "small fly" control plan. This tool will be utilized by the Executive Director/designee to ensure the facility remains free of pests. Audits will be done weekly</p> | | |

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| | | | | <p>for four weeks, bi-weekly for two months, monthly for two months, then quarterly for three quarters. Results of these audits will be presented to the CQI Committee each month that audits are completed to review for compliance and follow-up. The compliance threshold for these audits will be 95%. Any threshold less than 95% will require that an action plan be completed and implemented. 5. Date of compliance: August 4, 2012</p> <p>_____</p> <p>_____</p> <p>_____</p> | | | |

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| F0469 SS=B | <p>483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM</p> <p>The facility must maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>Based on interview and observation, the facility failed to ensure the facility was free of pests in 2 of 4 resident units (Brickyard and Mapleton Units). This deficiency had the potential to affect 52 (total number of residents on Brickyard and Mapleton Units) out of 109 total residents.</p> <p>Findings include:</p> <p>During a tour on 7/17/12 at 10:40 A.M. on the Brickyard Unit with Unit Manager #1 (UM #1), gnats were observed flying and hovering around the covered trash can at the kitchenette area. During an interview with UM #1 at 11:00 A.M., she indicated gnats are not usually a problem but the recent increases in humidity and temperatures seemed to attract them, for some reason unknown to her.</p> <p>During a walk through on 7/17/12 at 12:15 P.M. on the Mapleton Unit in the kitchenette area, gnats were observed surrounding the coffee pot, the sink/counter area, and floor. Additionally, gnats were observed hovering over opened fruit juices on the</p> | | F0469 | <p>The creation and submission of this Plan of Correction does not constitute an admission by Harrison Terrace of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. Harrison Terrace respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance. Harrison Terrace also respectfully requests consideration for paper compliance for these F tags. F323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 1. What corrective action(s) will be accomplished for those residents found to be affected by the deficient practice? The bag of dry dog food was removed from the resident's room on 5/24/2012 at 0600 by the nursing staff. The resident's care plan was changed to include offering the resident snack foods like cereal or snack crackers to feed her dogs. 2. How will you identify other residents having the potential to be affected by these same deficient practice and what corrective action will be taken? An audit was completed on</p> | | 08/04/2012 | |

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| | <p>counter and mobile dining cart.</p> <p>During a walk through on 7/17/12 at 12:30 P.M. on the Brickyard Unit, gnats were found flying and hovering in the pantry area behind the nurses station. Gnats were observed hovering around the refrigerator, sink and under the sink in the cabinet, too. During the walk through, an interview with RN #3 indicated coffee was made and bread was toasted in the pantry area for residents to consume.</p> <p>An interview was conducted with the Executive Director (ED) and Director of Nursing Services (DNS) on 7/17/12 at 12:40 P.M. They indicated awareness of the gnats and that the gnats seemed to be a chronic issue. The ED indicated the pest control specialists service was contacted that morning and were expected at the facility that afternoon or the next morning (7/18/12). The ED and DNS suggested the gnats were attracted to sinks as a result of staff pouring left over fruit juices down the sink as a means to dispose. They indicated staff were educated and instructed to flush sink and drain with hot water after the disposal of drinks. The ED indicated the facility had a pest control/prevention service that treated the facility on a monthly basis.</p> <p>This federal tag relates to Complaint</p> | | | | <p>7/27/2012 of all residents. This audit was designed to identify any resident with toy pets and each resident identified had a care plan written to include offering cereal or snack crackers to feed the toy pet. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? All current facility staff will be offered education about appropriate items that can be given to residents, specifically foods designed for human consumption. This education will be added to new employee orientation required for all new employees. This education will be taught by the Staff Development Coordinator and completed by 8/4/2012. 4. How will the corrective action(s) be monitored to ensure the deficient practice does not recur, i.e. what quality assurance program will be put into place? A CQI Audit Tool, Residents with Toy Pets, will be used to monitor compliance with the Care Plan process and the education/orientation process. This tool will be utilized by the Executive Director/designee to ensure the facility remains in compliance with this standard. Audits will be done weekly for four weeks, bi-weekly for two months, monthly for two months, then quarterly for three quarters. Results of these audits will be</p> | | |

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| | IN00111520. 3.1-19(f)(4) | | | | presented to the CQI Committee each month that audits are completed to review for compliance and follow-up. The compliance threshold for these audits will be 95%. Any threshold less than 95% will require that an action plan be completed and implemented. 5. Date of compliance: August 4, 2012 F469 483.70(H)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM 1. What corrective action(s) will be accomplished for those residents found to be affected by the deficient practice? Steritech treated the entire affected areas on 7/18/2012 for "small flies". Areas treated included all nursing stations, pantries, and kitchenettes. In conjunction with the treatment by Steritech, all areas were deep cleaned. 2. How will you identify other residents having the potential to be affected by these same deficient practice and what corrective action will be taken? Steritech treated the entire affected areas on 7/18/2012 for "small flies". Areas treated included all nursing stations, pantries, and kitchenettes. In conjunction with the treatment by Steritech, all areas were deep cleaned. Daily room rounds conducted Monday through Friday by the management team include inspection of the nurses' stations, pantries, and kitchenettes. Each member of the | | |

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